

**Infectious Diseases Society of America's  
Statement Concerning FY 2007 Funding for Federal Infectious Diseases Programs**

**Submitted to the House Appropriations  
Subcommittee on Labor, Health and Human Services, and Education  
Presented by Martin J. Blaser, MD, IDSA President**

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The Infectious Diseases Society of America (IDSA) appreciates the opportunity to testify before the House Appropriations Subcommittee on Labor, Health and Human Services, and Education concerning fiscal year (FY) 2007 federal funding for the Centers for Disease Control and Prevention (CDC); the National Institutes of Health (NIH); and the Health Resources and Services Administration (HRSA). I am Dr. Martin J. Blaser, President of IDSA and a Frederick H. King Professor and Chair of the Department of Medicine, and Professor of Microbiology at NYU School of Medicine. IDSA's statement today speaks to the value of U.S. public health and infectious diseases research programs to the health of people in the United States and globally as well as the need to provide sufficient funding in FY2007 to sustain and improve these programs. While IDSA's leadership recognizes that current fiscal budgets are constrained due to the war in Iraq and the federal budget deficit, we urge the Subcommittee to support appropriate investments to protect all of us against the scourges wrought by infectious pathogens.

IDSA represents 8,000 physicians and scientists devoted to patient care, education, research, prevention, and community health planning in infectious diseases. Our members care for patients of all ages with serious infections, including antibiotic-resistant bacterial infections, meningitis, pneumonia, tuberculosis, food poisoning, HIV/AIDS, and those with cancer or transplants who have life-threatening infections caused by unusual microorganisms, as well as emerging infections like severe acute respiratory syndrome (SARS). Housed within IDSA is the HIV Medicine Association (HIVMA), which represents more than 3,200 physicians working on the frontline of the HIV/AIDS pandemic. HIVMA members conduct research, implement prevention programs, and provide clinical services to individuals that are infected with HIV/AIDS. HIVMA will be submitting written comments separately. Together, IDSA and HIVMA are the principal organizations representing infectious diseases and HIV physicians in the United States.

Over the past several decades, the U.S. has made many significant advances in the fight against infectious diseases. CDC's public health prevention and control strategies have reduced infectious diseases morbidity and mortality rates in the United States and globally. NIH-funded research and training has led to critical new discoveries, while at the same time supporting economic growth in incubator sites across the country, fostering innovation and competition, and making the U.S. the leader in global biomedical research. Lastly, HRSA has provided critical access to vital medicines and services for many thousands of patients in communities in every state in the nation.

Needless to say, much work remains to be done. Infectious diseases are the second leading cause of death worldwide and the third leading cause of death in the United States. Moreover:

- Pandemic influenza is an imminent threat to the United States. Despite the increased attention and progress that has been made in preparing for an influenza pandemic, the Institute of Medicine and virtually all experts conclude that the United States is woefully unprepared to sufficiently respond to pandemic flu and many gaps and challenges remain;
- Antimicrobial resistant infections have created a “silent epidemic” in communities and hospitals across the country—methicillin-resistant staphylococcus aureus (MRSA), for example, is crippling and killing a growing number of athletes, children, military recruits, and prisoners;
- Antibiotic research and development is in decline—fewer antibiotic products are in the drug pipeline to treat serious and life-threatening infections, and fewer companies continue to invest in antibiotic research in favor of drugs for chronic diseases, which provide greater profit potential;
- On a global scale, infectious diseases annually cause 15 million deaths—HIV/AIDS, tuberculosis, and malaria alone account for one third of these deaths;
- In this modern age of transcontinental travel, infectious organisms from any part of the world may reach the United States in a matter of hours.

### **Pandemic and Interpandemic Influenza Funding Recommendation**

*IDSa requests the Subcommittee’s support for the President’s additional emergency request of \$2.3 billion to further advance the nation’s pandemic influenza preparedness.*

IDSa is deeply appreciative to the chairman and other Subcommittee members for their support of emergency funds for federal pandemic and interpandemic influenza preparedness programs in FY 2006. These funds will begin to address important departmental and agency activities including surveillance, vaccine research and development, and the purchase of antivirals sufficient to treat 25 percent of the U.S. population. Much remains to be done. The emergency funding proposed for FY2007 will further expand and advance these activities. Of note, these funds also will help to strengthen U.S. efforts related to seasonal influenza, which kills 36,000 Americans annually.

The impact of an influenza pandemic cannot be overstated. CDC estimates that between 100,000-250,000 U.S. deaths would result from a "mild" pandemic and 900,000–2 million Americans will die from a virus as deadly as the 1918 virus. The CBO estimated that a pandemic could cost \$675 billion and decrease the real gross domestic product (GDP) by five percent. Our concern has been heightened by the rapid spread of H5N1 avian influenza in the past few months to more than 40 countries in Asia, Africa, the Middle East and Europe. Experts agree that it is only a matter of time before it appears among birds in North America. This will have dramatic effects on agriculture in the U.S. The virus is showing continued evolution, and has infected an increasing variety of mammals. A moderate number of human cases continue with a high death rate. Fortunately, the virus is not yet capable of easily spreading from person to person; should this happen, a dramatic pandemic will occur.

### **Other Fiscal 2007 Funding Recommendations**

Our nation’s investments in CDC, NIH and HRSA must remain strong if the U.S. is to respond effectively to existing and emerging infectious diseases. IDSa supports an infusion of new

monies into these vital programs and strongly urges the Subcommittee not to allow funds to be shifted from one critical existing public health and research program to another. Shifting funds will jeopardize current activities and result in additional costs down the road. To reduce the burden of infectious diseases on the United States and the world, IDSA supports the following funding levels for federal infectious diseases programs.

## **CENTERS FOR DISEASE CONTROL AND PREVENTION**

*IDSA recommends a total budget level of \$8.5 billion for the Centers for Disease Control and Prevention (CDC) in FY 2007.*

CDC is the nation's lead public health agency charged with protecting the nation's health. The Campaign for Public Health (CPH), of which IDSA is a member, carefully analyzed the President's FY 2007 budget request for CDC, interviewing members of the Administration and Congressional staff in the process. Of serious concern to us, CPH identified several one-time or "emergency" spending items that had been tucked into the agency's program budgets. When these items are excluded, it becomes clear the Administration's proposal drastically cuts the CDC—funding core programs at \$279 million *below* FY06 levels. This is more than a 4.5 percent cut below last year's level. *If Congress enacts the President's FY2007 proposal, CDC's core programs will be cut by more than 8 percent in just two years.*

*Related to CDC's Infectious Diseases Program, IDSA specifically recommends:*

**CDC's Infectious Diseases Program (Total)**—*a \$508 million increase to a total commitment of \$2.192 billion.*

This amount includes the emergency funding of \$54.5 million for influenza preparedness that the Administration's budget has included within CDC's Infectious Diseases Total funding line as well as the additional funding recommendations highlighted below.

**CDC's Antimicrobial Resistance Program**—*a \$25 million increase to a total commitment of \$50 million in FY 2007.*

Antimicrobial resistance is a priority funding area for IDSA in FY2007. Microbes' ability to become resistant to antimicrobial drugs not only impacts individual patients, but also can have a devastating impact on the general population as resistant microbes pass from one individual to another. A multi-pronged approach is essential to limit the impact of antibiotic resistance on patients and public health. Our proposed increase in antimicrobial resistance funding will enable CDC to expand its surveillance of clinical and prescribing data that are associated with drug-resistant infections, to gather morbidity and mortality data due to resistance, to educate physicians and parents about the need to protect the long-term effectiveness of antibiotics, and to strengthen infection control activities across the United States. Broadening the number of CDC's extramural grants in applied research at academic-based centers also would harness the brainpower of our nation's researchers.

**CDC's Immunization Program**—*a \$321 million increase to a total commitment of \$846 million in FY 2007.*

Vaccines are one of the greatest public health successes ever achieved. Vaccines have helped to reduce, and in some cases eliminate, the spread of infectious diseases in the United States and abroad. In the United States, immunization of a birth cohort, or a year's worth of children born, saves 33,000 lives and \$42 billion in costs. Important new vaccines have been or will soon be licensed, including vaccines for rotavirus diarrhea, pertussis in adults and adolescents, and for human papillomavirus (HPV). The HPV vaccine may reduce or eliminate cervical cancer. Without adequate funding of the 317 Program, these vaccines will not be available to under-insured children and the infrastructure to administer vaccines and track their safety will be compromised.

IDSa also is very concerned that adult immunizations rates are much too low. Vaccines can be cost-saving, but new efforts are needed to make sure that they are used. We cannot afford, however, to take scarce funds from childhood immunization to fund adult immunization. A significant new investment is required. For these reasons, we support a FY 2007 appropriation level for CDC's National Immunization Program (NIP) that includes \$444.5 million for state grants for the purchase of childhood and adult vaccines; \$297 million for state grants for operations and infrastructure for children and adult immunizations; and \$99.4 million for prevention, safety, and administrative activities.

**CDC's National Center for HIV, STD, TB Prevention**—*a \$93 million increase for HIV prevention for a total commitment of \$740 million in FY2007.*

We are pleased to see the President's proposed increase of \$93 million for HIV prevention—the first such increase to be proposed for a number of years. These additional resources are slated for the expansion of HIV testing, particularly rapid testing. We strongly support the expansion of HIV testing to identify individuals who are infected with HIV but not yet aware of their status, so that they can be optimally treated early in disease progression and can reduce risky behaviors that transmit HIV. An even more robust HIV prevention budget is necessary to conduct effective surveillance, and to target uninfected individuals who engage in high-risk behaviors if we are to reduce the 40,000 new HIV infections that occur each year in the U.S.

**Public Health and Human Services Block Grants**—*a \$10 million increase to a total commitment of \$109 million in FY2007*

We are concerned that the President's Budget proposes to eliminate the Public Health and Human Services Block Grants, which provide states the flexibility to respond to infectious diseases outbreaks, among other events. IDSA opposes the termination of this program and instead supports a healthy increase of \$10 million.

## **NATIONAL INSTITUTES OF HEALTH**

*IDSa recommends that Congress support at least a 6% increase for all research programs at the National Institutes of Health (NIH), and particularly for the National Institute of Allergy and Infectious Diseases' (NIAID) AIDS research and non-AIDS, non-bioterrorism infectious diseases research, as well as a significant investment in bioterrorism preparedness research. IDSA also supports a doubling of the Fogarty International Center's (FIC) budget to \$134 million in FY2007.*

Advancing biomedical research and maintaining U.S. leadership in this arena requires a consistent, long-term strategy and continued strong investments. We must not be short-sighted in our approach. IDSA believes that the President's proposed budget for NIH would cut beyond muscle and into the bone of critically important ID research grant programs. For example, at NIAID, the President's proposed budget will stall several critical infectious diseases priorities:

- Influenza—Since 2004, NIAID has increased by 50% its own internal allocation to influenza research, yet influenza research remains significantly under-funded. Greater funding is needed for the research and development of new antivirals, diagnostics and vaccines, and to catalyze cooperative research partnerships with industry. Critically, the Institute also will be unable to expand surveillance sites in Asia to monitor H5N1 and other new influenza viruses, a project that is essential to understand the emergence of influenza viruses with pandemic potential.
- Tuberculosis—NIAID will be forced to cancel a planned public-private initiative to develop new TB drugs. CDC recently reported that the number of TB cases that were resistant to the two drugs considered the first-line of treatment rose 13 percent to 128 in the United States between 2003 and 2004, the highest yearly increase since 1993.
- HIV/AIDS—The Administration's budget translates into a net decrease of \$15 million in research for HIV/AIDS from last year's appropriation, seriously impacting clinical trials networks as well as investigator-initiated grants. Such a reduction would compromise NIAID's ability to compare and evaluate treatment and prevention strategies. In addition, NIAID will not be able to expand advanced development of several HIV vaccine candidates that would otherwise move forward in efficacy trials.

Also, NIH's Fogarty International Center's (FIC) oversees vital programs which train health professionals in resource-limited countries about how best to attack AIDS, tuberculosis, malaria and other infectious diseases. These efforts are so critical that IDSA believes FIC's very small budget of \$67 million should be doubled.

NIH-supported research and training have advanced the discovery of many phenomenal scientific and medical treatments over the past decades. We applaud Congress' commitment to increase resources for NIH's programs in the past and, particularly, during its doubling campaign. We urge you to recommit to healthy investments in these programs.

## **HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

The President's proposed \$2.16 billion budget, a \$95 million increase, for HRSA's Ryan White CARE Act Program is not sufficient to meet the needs of those currently in care and those who might be newly identified through the CDC's HIV testing initiatives. We strongly support a substantial increase in CARE Act Program funding and would propose that the majority of new funding be targeted to HIV medical care under Title III and to the AIDS Drug Assistance Program (ADAP) to ensure that uninsured and underinsured individuals with HIV/AIDS have access to a baseline of lifesaving medical care and prescription drugs regardless of where they live.

## CONCLUSION

Today's investment in infectious diseases research, prevention, and treatments will pay significant dividends in the future by dramatically reducing health care costs and improving the quality of life for millions of Americans. In addition, as the global leader in infectious diseases research and prevention, these benefits will translate into worldwide health benefits. We urge the Subcommittee to continue to demonstrate leadership and foresight in this area by appropriating the much-needed resources outlined above in recognition of the lives and dollars that ultimately will be saved.